ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No. STANDARD CERTIFICATE OF BIRTH the number County. District or Township.Q City ... must be made for each, and (If birth occurred in A)hospital deinstitution, give its NAME instead of street and number) PERMANENT (RECOR. If child is not yet named, make supplemental report, as directed. 2. Full name of child 3. Sex of Child 4. Twin, triplet or other answered ONLY 6. Legitimate? 7. Date in event of plural 1921 births. 5. No., in order of birth Month Day Year. 8. FATHER 14: MOTHER Full name Full malden name < 9. Residence 15 Residence TE RETURN birth stated. (Usual place of abode) (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. Color or race 16 Color or race a SEPARAT order of 11. Age at last birthday (Years) 17. Age at last birthday 12. Birthplace (city or place). 13. Birthplace (city or place) (State or country) (State or country) than one child at a birth, WITH 13. Occupation 19. Occupation Nature of Industry Nature of industry RITE PLAINLY 20. Number of children of this mother... Were precautions taken against oph-(a) Born alive and now living thainia neonatorum? (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was... the date above stated more (Born slive or stillborn.) When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn Signature..... ö child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife). Given name added from a supplemental report..... Address Month, day, year Filed Registrar Registrar

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